

Fill in this information to identify your case:

| | | | |
|--|--------------|-------------|---------------|
| Debtor 1 | Sedef | | Gulsan |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | Galip | | Gulsan |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Eastern District of Pennsylvania | | | |
| Case number (if known) 25-10797 | | | |

☒ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A | Column B | Column C |
|--|--|-------------------|
| Amount of claim | Value of collateral that supports this claim | Unsecured portion |
| Do not deduct the value of collateral. | | If any |

| | | | | | |
|------------|--|--|---------------------|---------------------|---------------|
| 2.1 | Internal Revenue Service | Describe the property that secures the claim: | \$123,780.63 | \$672,000.00 | \$0.00 |
| | Creditor's Name | | | | |
| | Centralized Insolvency Operation | 23 White Spruce Ln Levittown, PA 19054-3103 | | | |
| | PO Box 7346 | As of the date you file, the claim is: Check all that apply. | | | |
| | Number Street | <input type="checkbox"/> Contingent | | | |
| | Philadelphia, PA 19101-7346 | <input type="checkbox"/> Unliquidated | | | |
| | City State ZIP Code | <input type="checkbox"/> Disputed | | | |
| | Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| | <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) | | | |
| | <input type="checkbox"/> Debtor 2 only | <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) | | | |
| | <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | <input checked="" type="checkbox"/> Judgment lien from a lawsuit | | | |
| | <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Other (including a right to offset) | | | |
| | <input type="checkbox"/> Check if this claim relates to a community debt | | | | |
| | Date debt was incurred | Last 4 digits of account number | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$123,780.63

Debtor 1 **Sedef** **Gulsan** Case number (if known) **25-10797**
 Debtor 2 **Galip** **Gulsan**
 First Name Middle Name Last Name

| Part 1: | Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | Column A | Column B | Column C |
|--|---|---|--|-----------------------------|
| | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.2 | Pennsylvania Department of Revenue Describe the property that secures the claim: 23 White Spruce Ln Levittown, PA 19054-3103 Bankruptcy Division 1 Revenue PI As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Number Street Harrisburg, PA 17129-0001 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Date debt was incurred _____ Last 4 digits of account number _____ | \$5,686.74 | \$672,000.00 | \$0.00 |
| 2.3 | PHH Mortgage Describe the property that secures the claim: 23 White Spruce Ln Levittown, PA 19054-3103 1 Mortgage Way As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Number Street Mount Laurel, NJ 08054-4637 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Date debt was incurred 11/1/2006 Last 4 digits of account number 5 2 8 3 | \$199,255.00 | \$672,000.00 | \$0.00 |
| Add the dollar value of your entries in Column A on this page. Write that number here: | | \$204,941.74 | | |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | | | | |

Debtor 1 **Sedef** **Gulsan** Case number (if known) **25-10797**
 Debtor 2 **Galip** **Gulsan**
 First Name Middle Name Last Name

| Part 1: | Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | Column A | Column B | Column C |
|---------|--|---|--|-----------------------------|
| | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.4 | Toyota Motor Credit Corporation Describe the property that secures the claim: \$5,948.95 \$14,175.00 \$0.00 Creditor's Name 2020 Toyota Camry Attn: Bankruptcy PO Box 9013 Number Street Addison, TX 75001 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>2/1/2020</u> Last 4 digits of account number <u>0 0 0 1</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Add the dollar value of your entries in Column A on this page. Write that number here: \$5,948.95 If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$334,671.32 | | | |

Fill in this information to identify your case:

| | | |
|---|---|---------------|
| Debtor 1 | <u>Sedef</u> | <u>Gulsan</u> |
| | First Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Galip</u> | <u>Gulsan</u> |
| | First Name | Last Name |
| United States Bankruptcy Court for the: | <u>Eastern District of Pennsylvania</u> | |
| Case number (if known) | <u>25-10797</u> | |

☒ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Sedef Gulsan
Sedef Gulsan, Debtor 1

X /s/ Galip Gulsan
Galip Gulsan, Debtor 2

Date 03/25/2025
MM/ DD/ YYYY

Date 03/25/2025
MM/ DD/ YYYY